



**ORCHYD**

Holidays for Children with Disabilities  
Registered Charity No. 1072239

PLEASE RETURN FORM TO :

Children's Coordination Team  
18 St Catherines Road  
Ruislip, Middlesex, HA4 7RU  
Email : [childrens.coordinator@orchyd.org.uk](mailto:childrens.coordinator@orchyd.org.uk)  
[www.orchyd.org.uk](http://www.orchyd.org.uk)

**APPLICATION FORM FOR ORCHYD HOLIDAY CLUB 2021**

*To be completed by parent / carer in black or blue ink.*

We need the information you share with us to run our exciting holiday club and to satisfy our legal responsibilities.  
We'll keep it safe for as long as it is relevant for the 2021 application process.  
We'll never sell your data or share it unless you ask us to or if the law requires us to.

VENUE : St Martin's Church Hall, Eastcote Road, Ruislip, Middlesex HA4 8DG  
Please **DO NOT** contact the Church directly with enquires about the Holiday.

You will be responsible for arranging transport to and from our base for your child. By applying for a space on our holiday club you are confirming that this will not be an issue. Exact times will be confirmed if a space is offered to your child, but we expect them to be around 8.30am drop-off and 5.30pm collection

Please select indicate your preference for the two club dates, if offered a place, children will be expected to attend on all four days. This is a day scheme only, we are not offering a residential experience this year.

Thursday 5<sup>th</sup> August – Sunday 8<sup>th</sup> August 2021

1<sup>st</sup> / 2<sup>nd</sup> Choice

Wednesday 11<sup>th</sup> August – Saturday 14<sup>th</sup> August 2021

1<sup>st</sup> / 2<sup>nd</sup> Choice

**PLEASE PROVIDE A PHOTOGRAPH OF YOUR CHILD WITH THIS APPLICATION**

**Attach additional information if required**

**PERSONAL DETAILS**

<b>Child's Full Name</b>		<b>Age</b>	
<b>Date of birth</b>		<b>Male / Female</b>	
<b>Weight (sts&amp;lbs/kgs)</b>			
<b>Main carers (Name)</b>			
<b>Relationship to child</b>			
<b>Who has parental responsibility (Name)?</b>			
<b>Home Address</b>			
<b>Email (Home)</b>			
<b>Tele (Home)</b>			
<b>School Name &amp; Email / Tele No. *</b>			
<b>Social Worker Name * (if applicable)</b>			
<b>Social worker Email / Tele No.</b>			

\*If offered a place on our scheme, we may ask you if we can contact your child's school/social worker so that we can further understand your child's needs and requirements.

MEDICAL DETAILS	
List regular medications	
List emergency medications, e.g. oxygen, midazolam	
DETAILS OF DISABILITY	
Disability Summary	<p>Does your child have a care plan? Yes/No</p> <p>If yes, would you be willing to share this with us should your child be offered a place? Yes/No</p>

DIETARY & ALLERGIES		<i>Please give further details about your child:-</i>
Gastrostomy Feed	YES / NC	IF YES : Feed type? Frequency? Via pump or gravity?
Nil by mouth?	YES / NC	
Allergies / intolerances	YES / NC	
BREATHING AND CIRCULATION		<i>Please give further details about your child:-</i>
Suffers from epilepsy / seizures?	YES / NC	If YES, how often? What are the triggers?
Heart Problems?	YES / NC	
Asthma / Breathing Problems?	YES / NC	
Temperature control Issues? e.g. convulsions	YES / NC	
MOBILITY / SIGHT/ HEARING		<i>Please give further details about your child:-</i>
Legs affected? Left ? Right?	YES / NC	
Weight bearing? -stand independently	YES / NC	If YES, can your child stand with/without support?
Walk unaided?	YES / NC	If NO, can your child walk with frame or support?
Uses wheelchair / buggy?	YES / NC	<i>How often? Electric? Manual?</i>
Arms affected? Left ? Right?	YES / NC	

Hearing / sight affected?	YES / NC	
Does your child need to travel in their wheelchair?	YES / NC	We have limited space for lock-in wheelchairs on the mini buses. Therefore can your child transfer to a normal seat with a booster if necessary? Yes / No
<b>OTHER DETAILS</b>		
Speech affected	YES / NO	If YES how does your child communicate, e.g. no speech, sign language, basic vocabulary ?
Other		Please detail anything else you think we should be aware of:

Signed  
(Parent / Carer)

Date

PLEASE RETURN FORM TO :

Post : Children's Coordination Team  
ORCHYD  
18 St Catherines Road  
Ruislip, Middlesex, HA4 7RU

Email : [childrens.coordinator@orchyd.org.uk](mailto:childrens.coordinator@orchyd.org.uk)

Forms must be returned by **Friday 25<sup>th</sup> June 2021** if the application is to be considered for the scheme